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APPLICANTS

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** CONTINUING DATA *****
 This application is a CON of 09/096,267 06/11/1998 PAT 6,368,316 *[Signature]*

** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Met after Allowance <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

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 28075
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TITLE
 Catheter with composite stiffener

FILING FEE RECEIVED 1154	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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